

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

34732

1. PLACE OF DEATH

County Registration District No. 791
Township Primary Registration District No. 33
City St. Louis, Mo. (No.) St. Ward

File No.
Registered No. 8895
St. Ward

2. FULL NAME

(a) Residence, No. 119 Caplan St. 22 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 28-1885
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
48 7 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

13. NAME George McLean

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Helena

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Doris Williams - Cousin
(ADDRESS) 1216 Caplan

18. BURIAL, CREMATION, OR REMOVAL
PLACE Truett DATE 10-18 1933

19. UNDERTAKER Kinsail, E. Manning
(ADDRESS) 2316 E. Market

20. FILED 11 1933 J. B. Beck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 4 1933

22. I HEREBY CERTIFY, That I attended deceased from May 30 1933, to October 4 1933
I last saw her alive on October 4 1933 Death is said to have occurred on the date stated above, at 7:40 a.m.
The principal cause of death and related causes of importance were as follows:

Anginal Heart Failure Date of onset

82A
97
Other contributory causes of importance: "
arteriosclerosis
Cerebral Hemorrhage - old

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 1933
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. A. Young M. D.
(Address) 2316 E. Market

